

**IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI  
SOUTHERN DIVISION**

**JERROD ASHTON BROOMFIELD, #L0405**

**PETITIONER**

**VERSUS**

**CIVIL ACTION NO. 1:05cv471DMR-JMR**

**RONALD KING, Superintendent; and  
JIM HOOD, Attorney General**

**RESPONDENTS**

**ORDER**

The petitioner, an inmate currently incarcerated in the South Mississippi Correctional Institute, Leakesville, Mississippi, filed this action pursuant to 28 U.S.C. § 2254. The petitioner has failed to pay the filing fee or submit a completed application to proceed in forma pauperis. Accordingly, it is hereby

**ORDERED:**

1. That within twenty (20) days of the date of this order, petitioner shall file a completed application for leave to proceed in forma pauperis or pay the required filing fee of \$5.00.
2. The Clerk of Court shall mail the attached in forma pauperis application to the petitioner at his last known address.

Failure to advise this Court of a change of address or failure to comply with any order of this Court will be deemed as a purposeful delay and contumacious act by the petitioner and may result in the dismissal of this case.

THIS, the 22nd day of November, 2005.

John M. Roper  
CHIEF MAGISTRATE JUDGE

UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI  
\_\_\_\_\_ DIVISION

Petitioner

v.

CIVIL ACTION NO. \_\_\_\_\_

Respondent

**MOTION TO PROCEED IN FORMA PAUPERIS**

I, \_\_\_\_\_, declare that I am the petitioner in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 U.S.C. §1915 I declare that I am unable to pay the costs of said proceedings or give security therefor; that I believe I am entitled to the relief.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**AFFIDAVIT IN SUPPORT OF MOTION**

In support of this motion, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If "yes" state the place of your incarceration \_\_\_\_\_
2. Are you presently employed (at the institution or otherwise)? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - a. If the answer is "yes," state the amount of your salary or wages per month, and give the name and address of your employer. \_\_\_\_\_  
\_\_\_\_\_
  - b. If the answer is "no," state the date of the last employment and the amount of the salary and wages per month which you received. \_\_\_\_\_  
\_\_\_\_\_
3. Have you received within the past twelve months any money from any of the following sources?
  - a. Business, profession or form of self-employment? \_\_\_\_\_ Yes \_\_\_\_\_ No

- b. Rent payments, interest or dividends? ☐ Yes ☐ No  
 c. Pensions, annuities or life insurance payments? ☐ Yes ☐ No  
 d. Gifts or inheritances? ☐ Yes ☐ No  
 e. Any other sources? ☐ Yes ☐ No

If the answer to any of the above is "yes," describe each source of money and state the amount received from each during the past twelve months. \_\_\_\_\_

4. Do you own cash, or do you have money in a checking or savings account?  
☐ Yes ☐ No (Include any funds in prison accounts.)

If the answer is "yes," state the total value of the items owned. \_\_\_\_\_

5. Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? ☐ Yes ☐ No

If the answer is "yes," describe the property and state its approximate value. \_\_\_\_\_

6. List the persons who are dependent upon you for support, state your relationship to those persons, and indicate how much you contribute toward their support.

I declare (or certify, verify or state) under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Petitioner

### Certificate

I hereby certify that the petitioner herein has the sum of \$ \_\_\_\_\_ on account to his credit at the \_\_\_\_\_ institution where he is confined. I further certify that petitioner likewise has the following securities to his credit according to the records of said \_\_\_\_\_ institution: \_\_\_\_\_

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Authorized Officer of Institution